

[illegible]

Unmet Need Service Code, Availability Code, Monthly Number of Units						HCBS/FE monthly costs including customer obligation: (HCBS amount must be reported to EES Specialist)	
Service Code	Availa- bility	Units	Service Code	Availa- bility	Units	SCA total cost including customer copay:	Medicaid Average Acute Care Cost:
						OAA total cost:	HCBS/FE Total Cost:
						Total customer obligation/copay:	

Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information included in these pages 1-10 will be released to Kansas Department on Aging and service providers listed above to enable the delivery of services and program monitoring.

Customer or Guardian Signature	Date	Assessor Signature & Phone #
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[illegible]